COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PC1 International Applications)

4325

"As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint

inventor (if plural names are listed below) on the invention entitled:						
BENZOFURAN DERIVATIVES.	PHARMA	CEUTICAL COM	IPOS :	ITIC	N CONTA	AINING
THE SAME, AND A PROCESS F	OR THE	PREPARATION	OF :	THE	ACTIVE	INGREDIENT
the specification of which (check only one	item below)	:				
is attached hereto.						
was filed as United States application	ation			•		$I^{'}$
Serial No.						
on						
and was amended						
on			(i	if app	licable).	
was filed as PCT international ap						. •
Number	·					
on						
and was amended under PCT Ar	rticle 19				•	
on			(if app	olicable).	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowlege the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY C UNDER 35 I
(if PCT, indicate "PCT")	70001005	May 14, 1998	X YES
Hungary	P9801085	May 14, 1998	⊠ YES
Hungary			YES
			YES
			YES
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I hereby claim the benefit under Title 35. United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowlege the duty to disclose material information as defined in Title 37, Code f F deral Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

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Eugene Lieberstein - Registration No. 24645

Se	nd Correspor	Anderson, Kill & 1250 Avenue of t New York, MY 10	he Americas	Direct Telephone Calls to: (name and telephone number) Michael N. Melle: (212) 278-1229	
_	FUILL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
1	OF INVENTOR	IVANICSNE MEGYERI	Katalin	COUNTRY OF CITIZENSHIP	
201	RESIDENCE & CITIZENSHIP	Budapest	STATE OR FOREIGN COUNTRY Hungary	Hungary STATE & ZIP CODE/COUNTRY	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Istvanffy u. 5	Budapest	H-1147, Hungary	
	FULL NAME OF INVENTOR	FAMILY NAME MIKLOSNE KOVACS	FIRST GIVEN NAME Aniko	SECOND GIVEN NAME	
202	RESIDENCE & CITIZENSHIP	any Budapest	STATE OR FOREIGN COUNTRY Hungary	COUNTRY OF CITIZENSHIP Hungary	
.4	POST OFFICE ADDRESS	POST OFFICE ADDRESS Visegradi u. 64	ατν Budapest	STATE & ZIP CODE/COUNTRY H-1132, Hungary	
	FULL NAME OF INVENTOR	FAMILY NAME NAGYNE GYONOS	FIRST GIVEN NAME Ildiko	SECOND GIVEN NAME	
203	RESIDENCE & CITIZENSHIP	αιν Budapest	STATE OR FOREIGN COUNTRY Hungary	COUNTRY OF CITIZENSHIP Hungary	
• • •	POST OFFICE ADDRESS	POST OFFICE ADDRESS Almos u. 65/3	ary Budapest	STATE & ZIP CODE/COUNTRY H-1192, Hungary	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made o information and belief are believed to be true; and further that these statements were made with the knowledg that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity c the application or any patent issuing thereon.

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	l r -, .
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Budapest, December 14, 2000	Budapest, December 14, 2000	Budapest, December 14,2000
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Michael N. Meller - Registration No. 20779 tion number) Bugene Lieberstein - Registration No. 24645

Se	nd Correspon	Anderson, Kill & O. 1250 Avenue of the New York, NY 1002	Americas	Direct Telephone Calls to: (name and telephone number) Michael N. Meller, I (212) 278-1229
_		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	FULL NAME OF INVENTOR	•	Bela	
		AGAI	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
201	RESIDENCE & CITIZENSHIP	Budapest	Hungary	Hungary
"		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	Rozalia u. 35.	Budapest	H-1031, Hungary
	EIRT NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	FULL NAME OF INVENTOR	REITER	Jozsef	- Company of the Comp
5	RESIDENCE &	ату	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP Hungary
202	RESIDENCE & CITIZENSHIP	Budapest	Hungary	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	CITY	H1022, Hungary
	ADDRESS	Tovis u. 32/B	Budapest	ISECOND GIVEN NAME
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN TRAIL
	OF INVENTOR	SIMIG	Gyula	COUNTRY OF CITIZENSHIP
203	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	Hungary
×	CITIZENSHIP	Budapest	Hungary	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	Budapest	H-1126, Hungary
<u>_</u>	ADDRESS	Hollosy Simon u. 25	Budapest	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

<u>.</u>		SIGNATURE OF INVENTOR 203
SIGNATURE OF INVENTOR 20	signature of inventor 202	Sule UMy
DATE Budapest, December 14,	2000 Budapest, December 14, 2000	Budapest, December 14, 2000

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowlege the duty to disclose material information as defined in Title 37, Code f Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

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Michael N. Meller - Registration No. 20779 tion number) Eugene Lieberstein - Registration No. 24645

Ser	nd Correspoi	Anderson, Kill & 1250 Avenue of th New York, MY 100	e Americas	Direct Telephone Calls to: (name and telephone number) Michael N. Melle (212) 278-1229
7	FULL NAME OF INVENTOR	FAMILY NAME RIVO	FIRST GIVEN NAME Endre	SECOND GIVEN NAME
Ę	RESIDENCE & CITIZENSHIP	aiv Budapest	STATE OR FOREIGN COUNTRY Hungary	COUNTRY OF CITIZENSHIP HUNGARY STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Bajza u.55	Budapest FIRST GIVEN NAME	H-1062, Hungary SECOND GIVEN NAME
	FULL NAME OF INVENTOR	FAMILY NAME NAGY	Zoltan	Tamas COUNTRY OF CITIZENSHIP
202	RESIDENCE & CITIZENSHIP	Budapest	Hungary	Hungary STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Szepesi u. 5	Budapest	H-1028, Hungary
	FULL NAME OF INVENTOR	FAMILY NAME ONDI	FIRST GIVEN NAME Levente STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
203	RESIDENCE & CITIZENSHIP	ατγ Szolnök	Hungary	Hungary STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Martinovics u. 24	Szolnok	H-5000, Hungary

I hereby declare that all statements made herein of my own knowledge are true and that all statements made o information and belief are believed to be true; and further that these statements were made with the knowledg that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity c the application or any patent issuing thereon.

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DATE Budapest, December 14, 2000	Budapest, December 14, 2000	Budapest, December 14,2000
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Direct Telephone Calls to: (name and telephone number) Send Correspondence to: Anderson, Kill & Olick, P.C. Michael N. Meller 1250 Avenue of the Americas (212) 278-1229 (New York, MY 10020-1182 SECOND GIVEN NAME FIRST GIVEN NAME FAMILY NAME FULL NAME OF INVENTOR KERIESZ Szabolcs COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & Hungary Hungary: Budapest STATE & ZIP CODE/COUNTRY CITY POST OFFICE ADDRESS H-1067, Hungary POST OFFICE ADDRESS Budapest 62/BCsengery u. SECOND GIVEN NAME FIRST GIVEN NAME SZENASI FULL NAME OF INVENTOR Gabor COUNTRY OF CITIZENSHIP

Hungary RESIDENCE & CITIZENSHIP Hungary Budapest STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS H-1035. Hungary Kerek u. 24 Budapest SECOND GIVEN NAME FIRST GIVEN NAME FAMILY NAME SCHMIDT FULL NAME OF INVENTOR Eva COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY Hungary Budapest Hungary STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS H-1021, Budapest 51/B Szeher u. I hereby declare that all statements made herein of my own knowledge are true and that all statements made o information and belief are believed to be true; and further that these statements were made with the knowledg

STATE OR FOREIGN COUNTRY

that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity c the application or any patent issuing thereon.

the application of any p		SIGNATURE OF INVENTOR 203		
SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202,	Eva filmidot		
DATE Budapest, December 14, 2000	Budapest, December 14, 2000	Budapest,December 14,2000		
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Se	nd Correspoi	Michael N Eugene Li ndence to: Anderso 1250 Av New Yor	eber	stein - Registein - Registein - Registein - Register ill & Olick of the Amer 10020-11	istration No. 24645 , P.C. ricas 82		Direct To (name and Micho (212	elephone Calls telephone number ael N. M) 278-1229 VEN NAME	to:
ie	FULL NAME OF INVENTOR	Michael N Bugene Li Anderso 1250 Av New Yor FAMILY NAME SZABADOS	eber	ill & Olick of the Ame Y 10020-11	istration No. 24645 istration No. 24645 istration No. 24645		Direct To (name and Mich (212)	elephone Calls telephone number) ael N. M) 278-1229 VEN NAME	to:
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	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP	Michael N Eugene Li Anderso 1250 Av New Yor FAMILY NAME SZABADOS CITY Budapest POST OFFICE ADDRESS	eber	ill & Olick of the Ame Y 10020-11	istration No. 24645 , P.C. ricas 82 ST GIVEN NAME Famas ATE OR FOREIGN COUNTRY Hungary		Direct To the form of the following of the following the f	elephone Calls telephone number ael N. M) 278-1229 VEN NAME OF CITIZENSHIP ary PCODE/COUNTRY 73, Hunga	to: elle
_	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	Michael N Bugene Li Anderso 1250 Av New Yor FAMILY NAME SZABADOS CITY Budapest POST OFFICE ADDRESS Borso u. 10	eber	ill & Olick of the Ame Y 10020-11	istration No. 24645 , P.C. ricas 82 ST GIVEN NAME Tamas ATE OR FOREIGN COUNTRY Hungary		Direct To (name and Mich (212) SECOND GIVE COUNTRY CHUNGS STATE & ZI	elephone Calls telephone number ael N. M) 278-1229 VEN NAME OF CITIZENSHIP ary PCODE/COUNTRY 73, Hunga	to: elle
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201	FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR	Michael N Eugene Li Anderso 1250 Av New Yor FAMILY NAME SZABADOS CITY Budapest POST OFFICE ADDRESS BOTSO U. 10 FAMILY NAME LEVAY CITY	eber	ller - Registein -	istration No. 24645 , P.C. ricas 82 ST GIVEN NAME Famas ATE OR FOREIGN COUNTRY Hungary Y Budapest ST GIVEN NAME ST GIVEN NAME YOTGY ATE OR FOREIGN COUNTRY		Direct To the man and Mich. (212) SECOND GIVE COUNTRY	elephone Calls telephone number ael N. M) 278-1229 VEN NAME OF CITIZENSHIP ATY 73, Hungs VEN NAME OF CITIZENSHIP ATY OF CITIZENSHIP ATY	to: elle
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SIGNATURE OF INVENTOR 203

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